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Lifelong Learning in Old Age: Results from the Belgian Ageing Studies

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Abstract

This study investigates educational participation among older adults. Based on survey-data collected in the Belgian Ageing Studies (N=67560), older adults' educational participation rate, the individual profile of participants and its relation with social participation are studied. The findings indicate that 26.2% participated to an educational activity over the past year. Participation was lowest among the oldest age group, women, widowers, older people with poor physical health and lower socio-economic status. Additionally, educational participation was positively related to membership of social associations, volunteering and Internet use. The discussion provides recommendations to include vulnerable older adults in educational activities.

Keywords: Lifelong learning, educational activities, active ageing, older adults

1. Introduction

For the first time in human history, society is confronted with a demographical phenomenon where older adults constitute a large part of the population. In 2009, more than 700 million people had reached the age of 60 years (or over). The United Nations (2009) expect that in 2050 this group of older adults will count approximately two billion people. Likewise, the EU population is ageing rapidly: the proportion of the population aged 65 and over will rise from 17.1% in 2008 to 30% in 2060. The number of people aged 80 and over will even triple during the same period (European Parliament, 2010). Population ageing is often approached as a growing problem and older people are regularly considered as a social and economic burden. Policy makers and professionals have started to consider older people as mainly sedentary, dependent, unproductive and passive objects (Walker 2006). As a reaction to this merely negative perspective on population ageing, and inspired by the World Health Organization the European Commission branded 2012 as the *European Year of Active Aging*. By doing so, they aim to support health, participation and security as people age (Age Platform Europe et al., 2011). Through active ageing, older adults can be involved in social, political and economic life (Ney, 2005) and social isolation can be reduced (Age Platform Europe et al., 2011). The active ageing discourse emphasizes that older adults should be given the chance to

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participate fully in society. As part of this, the promotion of a culture of lifelong learning represents a cornerstone of the present policies and efforts to widen educational participation among older adults. In order to promote lifelong learning among older adults, knowledge of its correlates is required (Futurage, 2011).

In comparison with adults, older learners are found to be underrepresented in educational participation (Principi & Lamura, 2009). However, participation in lifelong learning should not be restricted to younger age groups. Older adults too have the desire to keep on learning (Boulton-Lewis, 2010). Moreover, the participation of older adults in educational activities has been related with positive outcomes such as increased quality of life and reduced psychosomatic complaints (Leung & Liu, 2012). While a great deal of research on learning in older adults focuses on memory (e.g. da Silva & Yassuda, 2009; Mackey & Sachs, 2012), health related education (e.g. Park, 2011; Small, 2012) or training older workers (Fenwick, 2012; Van Rooij, 2012), little empirical work has been conducted on inequalities in older adults' participation in education: i.e. who is participating and who not? Nevertheless, in practice such insights are crucial since securing older adults' participation in lifelong learning programs presents unique challenges given the diversity and heterogeneity of older adults (Ballard & Morris, 2005). This diversity can be translated as vulnerability and inequality. Through the theory of cumulative inequalities, it may become clear that variations in lifelong learning in later life are stratified because of multiple deprivations (Ferraro et al., 2009). The question arises what resources are available and how this affects the educational participation (Hendricks, 2008).

Therefore, the primary objective of the current study is to investigate educational participation among older adults. The following research questions are addressed: (1) What is the participation rate of older adults regarding educational activities in Belgium? (2) What is the individual profile of (non) participants in educational activities/courses? (3) Is participation in lifelong learning related with social integration of older adults?

2. Data and methods

The data used in the current study were collected within the framework of the Belgian Ageing Studies (BAS). Data were collected between 2004 and 2011 and included information from 67,560 home-dwelling older adults. The respondents all completed a questionnaire that addressed different aspects of daily life, such as educational participation, participation in old age (social, political and cultural), psychological wellbeing, intergenerational contacts, and so forth. Data collection was based upon a participatory methodology named peer research; older volunteers, were recruited within the municipalities and trained to deliver and collect questionnaires and to provide information on the questions if necessary. Respondents were assured of the voluntary nature of their participation, their right to refuse to answer and the privacy of their responses. Neither the respondents nor the volunteers received any remuneration for their participation.

The target population of the study comprised home-dwelling residents, aged 60 and over. A sample, stratified for age and gender, was drawn within each participating municipality. The sampling fraction depended on the size of the municipality, varying between N=182 and N=1592. First response rates ranged from 65 to 85%, depending on the municipality. In order to reduce the potential bias of non-response, volunteers received replacement addresses in the same quota category, from an additional sample. 45.0% were aged between 60 and 69 year, 36.9% between 70 and 79 and 18.1% was 80 year or older. 45.2% of the respondents were men and 54.8% were women. Due to the sampling design, these age and gender proportions were identical to the underlying population. 41.6% older adults obtained a low educational level (went to school until the age of 12 years). 12.2% of the older adults followed higher education. The majority of older adults had an income less than €1500 per month. Most older adults had an income between €1000 and €1499 (36.6%). 23.8% had a monthly income of less than €1000. The majority (69.6%) of older adults were married and 1 out of 5 respondents was widowed.

Participation in education was measured by asking respondents: "How often do you participate in a course or training?". Response categories were never (1), seldom (2), monthly (3), weekly (4) and more than once a week (5). To identify possible *risk groups*, several variables were used. First, basic respondents' characteristics, such as

gender (0=men; 1=women) and age (year of birth) were included. Next, socio-economic status was measured by educational level (<12 years, 12-15 years, 15-18 years, >18 years) and household income (€500–999, €1000–1499, €1500–1999, €2000–2499 and >€2500 per month). To assess physical health status we used the subscale "physical functioning" of the validated SF-36 (Haywood et al., 2005; Ware et al., 1994) (Cronbach's α=0.89). The scale was dichotomized 1 (physically restricted) to 2 (physically healthy). *To measure social participation*, we asked whether respondents were member of social associations. 22 possible social associations or clubs were presented to the respondents, varying from hobby clubs to associations for amateur art, from peace-associations to sports clubs. All items were summed, and one dichotomized variable was created: membership in associations. Next, older adults had to indicate whether they participated in voluntary work or not (1=no volunteer work, 2=volunteer work). Finally, seen the increasing importance of virtual social networks (Futurage, 2011), we asked whether the respondents used the Internet (1=not daily, 2=daily). In order to answer the research questions we applied cross-tabulations with chi-square analysis. Given the large sample size, statistical significance was set at $p<.01$ for all the analyses.

3. Findings and results

The findings demonstrate that 26.2% older adults attended a course or training in the previous year. 2.2% participated more than once a week, 3.8% weekly, 3.9% monthly and 16.4% rarely. 73.8% older adults never participated in a course or training during the past year.

Table 1. Participation in educational activities according to socio-demographic, socio-economic and health indicators

Risk Factors		Never	Rarely	Monthly	Weekly	More than once a week
Age	60-69	61.9%	23.2%	5.8%	5.8%	3.2%
	70-79	80.0%	13.2%	2.8%	2.5%	1.6%
	>80 years	91.6%	5.5%	1.2%	0.9%	0.7%
Gender	Men	70.3%	19.8%	4.1%	3.7%	2.0%
	Women	76.6%	13.6%	3.7%	3.8%	2.3%
Marital status	Married	70.4%	18.8%	4.4%	4.1%	2.3%
	Never married	76.7%	13.0%	4.2%	3.7%	2.4%
	Divorced	67.4%	18.8%	4.7%	5.1%	4.0%
	Cohabiting	68.5%	17.8%	5.9%	5.0%	2.9%
	Widowed	85.8%	8.4%	1.9%	2.3%	1.5%
Household income	€500-€999	86.0%	8.7%	2.0%	1.9%	1.3%
	€1000-€1499	78.9%	13.9%	2.8%	2.8%	1.6%
	€1500-€1999	66.0%	22.0%	4.9%	4.6%	2.6%
	€2000-€2499	56.8%	27.4%	6.2%	6.7%	2.9%
	>€2500	44.6%	31.9%	10.0%	8.5%	5.0%
Educational level	Low education	89.6%	7.3%	1.2%	1.2%	0.7%
	Low secondary education	75.0%	17.0%	2.9%	3.3%	1.7%
	High secondary education	59.6%	25.8%	5.9%	5.6%	3.2%
	Higher education	38.7%	31.7%	12.3%	10.6%	6.7%
Physical health	Physically restricted	75.2%	15.7%	3.6%	3.6%	1.9%
	Physically not restricted	62.0%	23.7%	5.8%	5.3%	3.2%

Table 1 presents the results of the cross-tabulation between participation in educational activities and socio-demographic, socio-economic and health indicators. Participation in courses and trainings occurred more often among the youngest age group. Adults between 60 and 69 year participated almost five times more often than adults aged 80 and over. Furthermore, men more often attended courses or trainings than women in the previous year. Also

marital status generated significant differences. Widowed older adults had the lowest educational participation rates, while divorced older adults had the highest. In terms of socio-economic status, the findings demonstrate that older adults with the lowest income participated 4 times less often in courses and trainings than older adults with the highest income. Even stronger, older adults with the lowest educational attainment participated 6 times less often. Finally, physical health was investigated. In general, the results demonstrate that older adults with physical restrictions had lower participations rates in educational activities. All differences were found to be significant.

Table 2. Relations between participation in educational activities and social participation

Following education	Volunteering	Being member of a social association	Using the Internet daily
Never	10.5	60.8	7.2
Rarely	28.3	81.5	32.1
Monthly	41.1	87.5	45.2
Weekly	32.7	85.1	48.3
More than weekly	29.7	81.7	52.1
Total	16.0	66.6	15.5

Table 2 summarizes the relations between participation in educational activities and social participation. 16% of older adults volunteered, 66.6% were member of at least one association and 15.5% used the Internet daily. In terms of volunteering it is demonstrated that older adults who participated in courses or trainings volunteer more often than older adults who never attended courses during the past year. However, this is not a linear relationship. When older adults participated to educational activities weekly or more, the rate of volunteering decreased. A similar relationship is detected between educational participation and membership in social associations. In general, older adults who followed educational courses had a higher associational participation rate than non-members. However, when considering the frequency of education the findings demonstrate that extensive educational participation (> weekly) was accompanied with decreased membership of social associations, although less clear as within volunteering. Finally, the results clearly demonstrate that the more educational courses older adults attended, the more often they used the Internet daily.

4. Conclusions and recommendations

The World Health Organization (2002: 12) emphasizes that active ageing can enhance the quality of life when people age by creating opportunities for participation, security and health. In this report we examined the data of the Belgian Ageing Studies (N=65,760), particularly focusing on educational activities. As we can deduce from the results, 1 out of 4 older adults is involved in an active manner in society through participating in educational activities. Despite these positive results, there are also older adults who do not participate (73.8%). In particular, participation in courses and trainings occurred less among the oldest age group, women and widowed older adults. These findings are in line with other gerontological research, pointing out that inequalities in participation rates among older adults are often related to stratifications based on gender and marital status (e.g. Verté et al., 2011). In terms of socio-economic status, the findings demonstrate that older adults with lower socio-economic status participate less often in educational activities. The level of former education was found to generate the strongest differences. One possible explanation could be that adults with higher educational level have less programmatic barriers (e.g. positive attitudes about learning), which positively influence participation in lifelong education (Ballard & Morris, 2005). Finally, older adults with physical restrictions had lower participations rates in educational activities.

The relation with social participation demonstrates that supporting educational participation could generate additional benefits. Older adults who follow courses are more often engaged as volunteer, more often member of social associations and use the Internet more frequently. This in in line with Musick and Wilson (2008: 460) who argue that '*participation breeds participation*'. However, both with volunteering as membership, the findings indicate that a certain level of competition exists. Participating extensively in educational activities reduces the

volunteering rate. Although being active in one domain can increase the propensity to be engaged in another domain, some activities compete with each other (Hank & Stuck, 2008; Morrow-Howell et al., 2012).

Following the above, some practical recommendations can be identified. Educational providers, associations, and social services often aim to increase educational participation among 'the' older population, and older adults are generally treated as one, homogeneous group. People are often located into the category of 'the aged' or 'the elders' from 55, 60 or 65 years old. However, within academic literature it is acknowledged that older adults are widely heterogeneous (Nelson & Dannefer, 1992). Moreover, our study demonstrates that older adults differ in terms of gender, age, educational level, income, marital status, physical health and activity rate in other domains, each impacting educational participation rates. Providers should take this diversity into account when developing and implementing educational programs for older populations. On the one hand this could be realized by delineating the population and on the other hand by developing different strategies for particular groups (Grundy, 2006).

5. References

Age Platform Europe, European Commission & Committee of the Regions (2011). *How to promote active ageing in Europe. EU support to local and regional actors*. Available online.

Ballard, S.M., & Morris, M.L. (2005). Factors influencing midlife and older adult's attendance in family life education programs. *Family Relations*, 54, 461-472.

Da Silva, H.S., & Yassuda, M.S. (2009). Memory training for older adults with low education: mental images versus categorization. *Educational Gerontology*, 35(10), 890-905.

European Parliament (2010) *Report on the role of women in an ageing society*. Brussel: Committee on Women's Rights and Gender Equality.

Fenwick, T. (2012). Learning among older professional workers: Knowledge strategies and knowledge orientations. *Vocations and learning*, 5(3), 203-223.

Ferraro, K.F., Shippee, P.T., & Schafer, M.K. (2009). Cumulative inequality theory for research on aging and the life course. In: V.L. Bengtson, D. Gans, N.M. Putney, M. Silverstein (Eds.) *Handbook of theories of aging*, 2nd edn (pp 413–433). New York: Springer.

Futurage (2011). A roadmap for European ageing research. Accessed 1st November 2011 at http://futurage.group.shef.ac.uk/.

Grundy, E. (2006). Ageing and Vulnerable Elderly People: European Perspectives. *Ageing & Society*, 26, 105-34.

Hank, K., & Stuck, S. (2008). Volunteer Work, Informal Help, and Care among the 50+ in Europe: Further Evidence for 'Linked' Productive Activities at Older Ages. *Social Science Research*, 37, 1280-1291.

Haywood, K.L., Garratt, A.M., & Fitzpatrick, R. (2005). Quality of life in older people: A structured review of generic self-assessed health instruments. *Quality of Life Research*, 14, 1651-1668.

Hendricks, J. (2008). Coming of Age. *Journal of Aging Studies*, 22, 109-14.

Mackey, A., & Sachs, R. (2012). Older learners in SLA research: a first look at working memory, feedback, and L2 development. *Language Learning*, 62(3), 704-740.

Morrow-Howell, N., Hong, S.-L., McCrary, S., & Blinne, W. (2012). Changes in activity among older volunteers. *Research on aging*, 34(2), 174-196.

Musick, M. A., & Wilson, J. (2008). *Volunteers: A Social Profile*. Bloomington: Indiana University Press.

Ney, S. (2005). Active Ageing Policy in Europe: Between Path Dependency and Path Departure. *Ageing International,* 30(4), 325-342.

Nelson, A.E., & Dannefer, D. (1992). Aged Heterogeneity: Fact or Fiction? The Fate of Diversity in Gerontological Research. *The Gerontologist*, 32, 1, 17-23.

Park, M. (2011). Effects of interactive pictorial education on community dwelling older adult's self efficacy and knowledge for safe medication. *Journal of Korean Academy of Nursing*, 41(6), 795-804.

Principi, A., & Lamura, G. (2009). Education for older people in Italy. *Educational Gerontology*, 35(3), 246-259.

Small, L.F. (2012). What older adults know about HIV/AIDS: Lessons from an HIV/AIDS Education program. *Educational Gerontology*, 36(1), 26-45.

The United Nations (2009). *World Population Ageing 2009. ESA/P/WP/212*. Consulted on 8 November 2011, on http://www.un.org/esa/population/publications/WPA2009/WPA2009_WorkingPaper.pdf

Van Rooij, S.W.(2012). Training older workers: lessons learned, unlearned and relearned from the field of instructional design. *Human Resource Management*, 51(2), 281-298.

Verté, D., Dury, S., De Donder, L., Buffel, T. and De Witte, N. (2011). *Enter! About Social Participation among Older people*. Brugge: Provinciebestuur West-Vlaanderen. [In Dutch]

Walker, A. (2006). Reexamining the Political Economy of Aging: Understanding the Structure/Agency Tension. In J. Baars, D. Dannefer, & C. Phillipson (Eds). *Aging, Globalization and Inequality: the New Critical Gerontology* (pp.59-80). Amityville, New York: Baywood.

Ware, J.E., Kosinski, M., & Keller, S.D. (1994). *Sf-36 physical and mental health summary scales: A user manual and interpretation guide.* Boston: The Health Institute, New England Medical Center.

World Health Organization [WHO]. (2002). *Active Ageing: A Policy Framework*. Geneva: World Health Organization.